Patricia Booker

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number $10/573077$ | | | |
|--|--|--|--|---------------------------------|--------------------------|------------------------------------|-----------|----------------------------|--|----------------------------|--------------------------|-----------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | (4 | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | ן ו | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE . | | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 4/ minu | * ~ ' | 24 | 1 | X \$ 25 = | | OR | X \$ 50 = | 1304 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | | | | X \$ 100 = | | OR | X \$ 200 = | , |
| MUL | TIPLE DEPEND | DENT CLAIM PRE | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is l | less than zero, | enter "0 |)" in co | lumn 2 | ! נ | TOTAL | | OR | TOTAL | 220 |
| A | | (Column 1) CLAIMS REMAINING AFTER | AMENDED - | (Colui HIGH NUM PREVIO | mn 2) IEST IBER | PRESENT EXTRA | | SMALL E | ADDI- TIONAL | OR | OTHER SMALL E RATE | ADDI- TIONAL |
| AMENDMENT / | | AMENDMENT | | PAID | FOR | = | | X \$ 25 = | FEE | OR | X \$ 50 = | FEE |
| | Total | * | Willius | *** | | ļ | 1 | X \$ 100 = | | OR | | |
| | Independent | <u> L</u> | Iviinus | | | = | - | | | OR | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = TOTAL ADDIT. | | OR | TOTAL ADDIT | |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI- REMAINING NUMBER PRESENT RATE TIONAL RATE | | | | | | | | | | RATE | ADDI- TIONAL | |
| AMENDMENT B | | AFTER AMENDMENT | | | OUSLY FOR | EXTRA | 1 | | FEE | | | FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | | |
| | | | | | | | _ | TOTAL ADDIT. | <u> </u> | OR | TOTAL ADDIT | |
| * ** | If the "Highest N If the "Highest N | umber Previously Pa umber Previously Pa | ne entry in column 2 aid For" IN THIS SP, aid For" IN THIS SP, id For" (Total or Inde | ACE is le ACE is le | ss than '2 ss than '3 | 20', enter "20". 3', enter "3". | nd in t | the appropriate bo | ox in column | 1. | | |